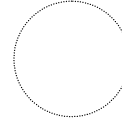


## Loss Claim

DATE:

Postmark of Office  
Accepting Claim

TO:



You are requested to check your delivery records within the next five days and complete Section C on the enclosed Form 1000 for the following reason(s):

- ◇ The enclosed Form 1000 reports the possible loss of accountable mail that was directed to your post office for delivery to the addressee shown in Item A2.
- ◇ The enclosed Form 1000 reports the possible loss of accountable mail that was forwarded or returned to the following address:

---

---

---

---

Date Forwarded or Returned: \_\_\_\_\_

Reason Returned: \_\_\_\_\_  
\_\_\_\_\_

Please return your response in the pre-addressed envelope provided. Your promptness is sincerely appreciated.